

8. Partial dental rehabilitation with Axiom® TL (Tissue Level)

Case study

A **48-year-old** female patient, a smoker, in good health.

History of orthodontic treatment with avulsion of 14, 24 and 34.



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- Doctor of Dental Surgery
- Private practice limited to periodontics, implantology and pre-implant surgery
- ITI Fellow Member

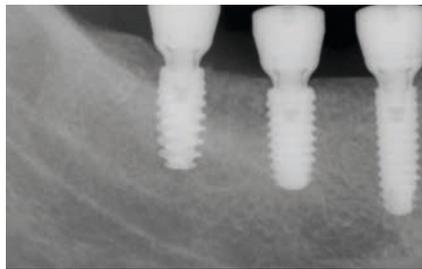


Mr Frédéric FOURET

Design Dentaire dental lab



1.2. 36 present with an apical hotbed of infection. As an endodontic treatment attempt is a good prognosis, this option is preferred. 46 and 45 are missing. 25, missing, is replaced by a cantilever bridge 25-26-27. 16, 26 et 37 present with an apical hotbed of infection. The endodontic treatment



6. Post-operative follow-up X-ray.



11. Clinical aspect 14 days after surgery: note the appearance of the peri-implant gum.



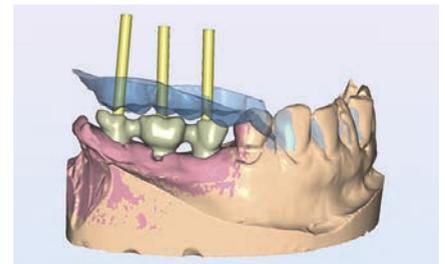
16. Follow-up panoramic X-ray (OPG) 4 months after surgery.



of these teeth is not a good prognosis. 47: presents with terminal iatrogenic periodontitis and an apical hotbed of infection. These 4 teeth will be extracted. In total, 7 teeth will be replaced.



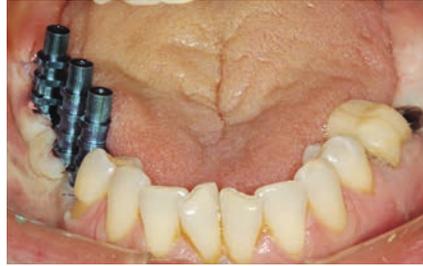
7.8.9. Construction of 3 temporary elements solidified on temporary titanium abutments.



12. CAD model of the Simeda® frame.



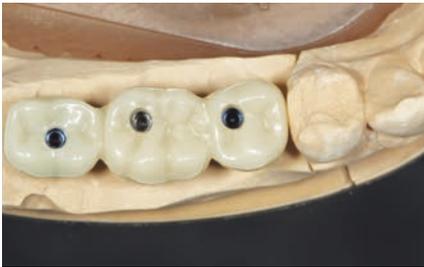
3. 10 weeks after extraction, the sites are properly healed.



4.5. La The implant placement can then be performed in optimal conditions, with immediate restricted activation in the 4th quadrant with screw-retained solidified temporary prosthesis (Axiom® TL (Tissue Level) implants in 45 - 46 - 47). The reduced primary stability of implant 26 that has required



simultaneous sinus lift bone increase will not permit this option for 25 and 26.



8. Occlusal view of the temporary prosthesis.



9. A guiding lock of the inLink® integrated system was placed in the centre to aid placement of the prosthesis.



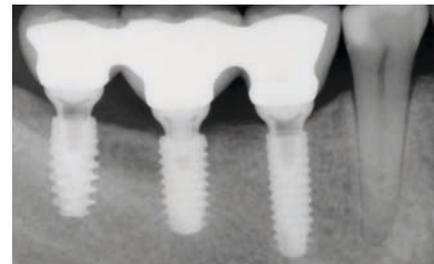
10. Clinical appearance 14 days after surgery: occlusal view.



13.14. Final Zirconium-Ceramic prosthesis In place in the 4th posterior quadrant 10 weeks after surgery.



14. Final prosthesis, vestibular view.



15. Endo-local follow-up X-ray 10 weeks after surgery.

Conclusion

For the prosthetic treatment of this patient, initially planned with Axiom® BL (Bone Level) implants, we had the option of using Axiom® TL (Tissue Level) implants in the 4th quadrant. We can only be too happy we did.

The result was considered very satisfactory by the patient and the team, and the clinical and prosthetic procedures were simplified.

The ideal emergence profile of this new implant, the flexibility offered by the "customised" placement of the emergence of the prosthetic screw channels and the extreme safety of the biological area are the strengths of this new system, which from now on defines a new standard in multiple restorations of posterior sectors.